

## Attachment 2. MAS Past Performance Questionnaire

**1. NAME OF FIRM/AGENCY PROVIDING FEEDBACK:** \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PERIOD OF PERFORMANCE: \_\_\_\_\_ CONTRACT TYPE (if applicable): \_\_\_\_\_

CONTRACT AWARD DATE: \_\_\_\_\_ CONTRACT COMPLETION DATE: \_\_\_\_\_

AWARDED VALUE: \_\_\_\_\_ CURRENT CONTRACT DOLLAR VALUE: \_\_\_\_\_

**2. NAME OF ASSESSING OFFICIAL:** \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ASSOCIATION WITH FIRM BEING RATED (including role): \_\_\_\_\_

CONTRACT OR ORDER NUMBER (if applicable): \_\_\_\_\_

**3. ASSESS THE FOLLOWING AREAS:** (Check the appropriate box for each assessment category)

Assessment Categories	Unsatisfactory	Marginal	Satisfactory	Very Good	Exceptional	N/A
<b>a. QUALITY OF PRODUCT OR SERVICE</b>						
<b>b. SCHEDULE</b>						
<b>c. COST CONTROL</b>						
<b>d. BUSINESS RELATIONS</b>						
<b>e. MANAGEMENT OF KEY PERSONNEL</b>						
<b>f. RELIABILITY</b>						
<b>g. CUSTOMER SUPPORT</b>						
<b>h. OVERALL PERFORMANCE</b>						
<b>i. OTHER AREAS</b>						
<b>(1)</b>						
<b>(2)</b>						

**4 ADDITIONAL COMMENTS:**